P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**ALAMEDA COUNTY TREASURER** 

1221 OAK STREET

OAKLAND CA 94612

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 1,280,740.30
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,280,740.30
YTD Amount:	\$ 10.052.162.27

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**ALPINE COUNTY TREASURER** 

PO BOX 217

MARKLEEVILLE CA 96120

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 3,474.75
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 3,474.75
YTD Amount:	\$ 27.270.57

P O BOX 942850, SACRAMENTO, CA 94250-0001

**REMITTANCE ADVICE** 

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA 95642

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 43,498.72
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 43,498.72
YTD Amount:	\$ 341,410.16

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**BUTTE COUNTY TREASURER** 

25 COUNTY CENTER DR

OROVILLE CA 95965

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 292,637.04
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 292,637.04
YTD Amount:	\$ 2,296,823.33

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**CALAVERAS COUNTY TREASURER** 

**GOVERNMENT CENTER** 

SAN ANDREAS CA 95249

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 44,624.02
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 44,624.02
YTD Amount:	\$ 350,242.50

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**COLUSA COUNTY TREASURER** 

546 JAY ST

COLUSA CA 95932

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 34,995.36
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 34,995.36
YTD Amount:	\$ 274,669.49

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**CONTRA COSTA COUNTY TREASURER** 

625 COURT ST RM 102

MARTINEZ CA 94553

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 658,737.58
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 658,737.58
YTD Amount:	\$ 5,170,243.15

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**DEL NORTE COUNTY TREASURER** 

981 H ST STE 150

CRESCENT CITY CA 95531

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 41,630.88
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 41,630.88
YTD Amount:	\$ 326,747.99

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**EL DORADO COUNTY TREASURER** 

360 FAIR LANE

PLACERVILLE CA 95667

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 161,977.82
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 161,977.82
YTD Amount:	\$ 1,271,317.10

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 833,072.65
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 833,072.65
YTD Amount:	\$ 6,538,547.24

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**GLENN COUNTY TREASURER** 516 WEST SYCAMORE STREET

WILLOWS CA 95988

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 40,045.91
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 40,045.91
YTD Amount:	\$ 314,308.77

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**HUMBOLDT COUNTY TREASURER** 

825 FIFTH STREET ROOM 125

EUREKA CA 95501

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 282,484.86
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 282,484.86
YTD Amount:	\$ 2,199,967.13

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**IMPERIAL COUNTY TREASURER** 

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 288,233.11
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 288,233.11
YTD Amount:	\$ 2,262,257.77

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 54,317.83
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 54,317.83
YTD Amount:	\$ 426,323.09

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**KERN COUNTY TREASURER** 

PO BOX 981240

SACRAMENTO CA 95798 1240

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 563,536.01
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 563,536.01
YTD Amount:	\$ 4,423,032.45

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 145,974.58
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 145,974.58
YTD Amount:	\$ 1,145,710.86

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**LAKE COUNTY TREASURER** 255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 65,304.24
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 65,304.24
YTD Amount:	\$ 512,554.82

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

LASSEN COUNTY TREASURER COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	<b></b> \$	43,878.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,878.51
YTD Amount:	\$	344,390.02

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 10,167,792.36
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 10,167,792.36
YTD Amount:	\$ 79,804,056.62

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**MADERA COUNTY TREASURER** 

C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO CA 95812 1859

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 145,513.27
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 145,513.27
YTD Amount:	\$ 1,142,091.59

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

MARIN COUNTY TREASURER

PO BOX 4220 CIVIC CENTER SAN RAFAEL CA

94913

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 320,242.53
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 320,242.53
YTD Amount:	\$ 2,513,489.26

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 23,337.77
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 23,337.77
YTD Amount:	\$ 183,171.40

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**MENDOCINO COUNTY TREASURER** 

501 LOW GAP RD 1060

UKIAH CA 95482

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 93,364.17
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 93,364.17
YTD Amount:	\$ 732,788.40

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 206,171.62
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 206,171.62
YTD Amount:	\$ 1,618,181.49

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 25,904.30
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 25,904.30
YTD Amount:	\$ 203,316.68

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**MONO COUNTY TREASURER** 

P O BOX 495

BRIDGEPORT CA 93517

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 37,370.03
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 37,370.03
YTD Amount:	\$ 293,305.13

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**MONTEREY COUNTY TREASURER** 

PO BOX 1406

SACRAMENTO CA 95812 1406

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 265,878.87
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 265,878.87
YTD Amount:	\$ 2,086,807.46

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

NAPA COUNTY TREASURER 1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 137,240.39
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 137,240.39
YTD Amount:	\$ 1,077,161.61

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**NEVADA COUNTY TREASURER** 

**PO BOX 128** 

NEVADA CITY CA 95959

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 88,391.21
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 88,391.21
YTD Amount:	\$ 693,757.08

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**ORANGE COUNTY TREASURER** 

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 2,109,790.78
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 2,109,790.78
YTD Amount:	\$ 16,559,137.92

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA 95603

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 124,624.49
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 124,624.49
YTD Amount:	\$ 978,140.10

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**PLUMAS COUNTY TREASURER** 

PO BOX 176

QUINCY CA 95971

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 37,133.31
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 37,133.31
YTD Amount:	\$ 288,606.76

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**RIVERSIDE COUNTY TREASURER** 

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 1,076,903.40
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,076,903.40
YTD Amount:	\$ 8,452,302.11

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SACRAMENTO COUNTY TREASURER** 

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 1,128,076.17
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,128,076.17
YTD Amount:	\$ 8,853,941.91

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SAN BENITO COUNTY TREASURER** 

COURTHOUSE 440 FIFTH ST RM 107

HOLLISTER CA 95023

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 52,106.86
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 52,106.86
YTD Amount:	\$ 408,971.08

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

#### SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 1,308,594.95
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,308,594.95
YTD Amount:	\$ 10,270,785.86

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SAN DIEGO COUNTY TREASURER** 

PO BOX 980304

WEST SACRAMENTO 95798 0304

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 2,553,735.17
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 2,553,735.17
YTD Amount:	\$ 20,043,527.18

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 95814-2920

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 1,939,716.88
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,939,716.88
YTD Amount:	\$ 15,224,279.30

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SAN JOAQUIN COUNTY TREASURER** 

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 500,652.61
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 500,652.61
YTD Amount:	\$ 3,929,479.51

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 150,340.53
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 150,340.53
YTD Amount:	\$ 1,179,980.79

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SAN MATEO COUNTY TREASURER** 

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 457,474.74
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 457,474.74
YTD Amount:	\$ 3,590,587.05

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 274,600.62
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 274,600.62
YTD Amount:	\$ 2,155,260.89

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 1,110,745.96
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,110,745.96
YTD Amount:	\$ 8,717,924.10

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 182,316.88
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 182,316.88
YTD Amount:	\$ 1,430,953.86

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 252,597.68
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 252,597.68
YTD Amount:	\$ 1,982,568.18

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SIERRA COUNTY TREASURER** 

PO BOX 376

DOWNIEVILLE CA 95936 0376

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 8,766.27
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 8,766.27
YTD Amount:	\$ 68,805.28

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA 96097

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 68,209.63
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 68,209.63
YTD Amount:	\$ 535,357.68

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

#### **SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 365,012.25
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 365,012.25
YTD Amount:	\$ 2,864,877.26

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SONOMA COUNTY TREASURER** 

PO BOX 1204

SACRAMENTO CA 95812 1204

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 567,855.14
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 567,855.14
YTD Amount:	\$ 4,456,358.48

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA 95353 3052

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 382,629.26
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 382,629.26
YTD Amount:	\$ 3,003,146.76

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**SUTTER COUNTY TREASURER** 

PO BOX 546

YUBA CITY CA 95992

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	<b></b> \$	132,140.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	132,140.73
YTD Amount:	\$	1,037,134.17

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**TEHAMA COUNTY TREASURER** 

PO BOX 1150

RED BLUFF CA 96080

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 89,817.39
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 89,817.39
YTD Amount:	\$ 704,950.72

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	<b></b> \$	38,457.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,457.01
YTD Amount:	\$	301,837.98

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 366,987.81
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 366,987.81
YTD Amount:	\$ 2,880,383.11

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**TUOLUMNE COUNTY TREASURER** 

2 SOUTH GREEN ST

SONORA CA 95370

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 69,107.05
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 69,107.05
YTD Amount:	\$ 542,399.39

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

#### **VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	<b></b> \$	436,862.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	436,862.29
YTD Amount:	\$	3,428,805.91

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 121,231.92
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 121,231.92
YTD Amount:	\$ 951,513.33

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 115,915.84
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 115,915.84
YTD Amount:	\$ 909,790.96

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**BERKELEY CITY TREASURER** 

2081 CENTER STREET

BERKELEY CA 94704

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 47,073.99
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 47,073.99
YTD Amount:	\$ 369,468.14

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 211,061.09
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 211,061.09
YTD Amount:	\$ 1,656,557.52

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200300A PAYMENT ISSUE DATE: 5/24/2013

**PASADENA CITY TREASURER** 

PO BOX 7115

PASADENA CA 91109 7215

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 4/16/2013 TO: 5/15/2013

Total amount collected: \$279,613,068.23 Percentage of collection: 0.11709223

Gross Claim	\$ 69,608.31
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 69,608.31
YTD Amount:	\$ 546,336.53